



**COMVAQWINGPAC**  
**QUALITY ASSURANCE REPRESENTATIVE CROSS RATE TRAINING**  
**ORDNANCE**  
**OJT CHECKLIST**

Regardless of rank or experience level this OJT will be initiated during indoctrination to a new squadron/work center. Previous squadron OJT completions are not valid.

A qualified QAR may sign an item as qualified with no observations, such as with previously qualified personnel, or more than one observation for items the supervisor is not confident the person has mastered.

Systems and items contained in this OJT are those items considered to be tasks that will be performed on a routine basis. Peculiar and non-common tasks are not part of this OJT and should be documented as they occur on a blank OPNAV 4790/33 form titled OJT. Items not pertinent to your T/M/S or mission will be lined out using pencil.

This OJT checklist will be maintained in the training jacket in its entirety both while in work and after completion. ALL initials and signatures will be made in ink.

**NOTE: CHANGES/ADDITIONS INDICATED BY (\*)**

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**QUALIFICATION**

ORDNANCE CDI TEST SCORE \_\_\_\_\_

AO QAR/CDQAR \_\_\_\_\_ DATE \_\_\_\_\_

NOTED \_\_\_\_\_ DATE \_\_\_\_\_  
(QA Supervisor)

NOTED \_\_\_\_\_ DATE \_\_\_\_\_  
(QA Officer)

Name \_\_\_\_\_ Rate \_\_\_\_\_ Activity \_\_\_\_\_



ITEM	DATE	SIGNATURE
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[illegible]

Name	Rate	Activity
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